

Written evidence submitted by The Royal College of Radiologists (DTN0053)

Key statistics included in this submission:

- 41% of clinical radiologists (CRs) and 21% of clinical oncologists (COs) said they do not have the equipment they need to deliver a safe and effective service for patients in their department or cancer centre.
- Only 32% of both CRs and COs said their equipment is fit for purpose with the rest saying it is substandard or only to some extent.
- On how often their equipment breaks down, a worrying 14% of CRs and 19% of COs said their equipment rarely breaks down – meaning that the rest experience breakdowns most weeks, most quarters or most months.
- Both specialities had experienced issues in the last month, for CRs it was an average of seven times in the last month and for COs it was four.
 - 10% of CRs said these issues had impacted their work a staggering 100 times or more in the last month.
 - COs 26% had experienced 11 to 50 in the last month.
- England is experiencing a 30% shortfall in clinical radiologists (1,453 whole-time equivalent consultants) and a 17% shortfall in clinical oncologists (163 whole-time equivalent consultants).
- Figures from the OECD in 2021 did find that the UK as a whole has fewer scanners than the majority of comparable OECD countries at 8.8 CT scanners per million population compared to an OECD average of 25.9 and 7.4 MRI scanners per million population compared to an OECD average of 16.9.

Recommendations

- That a comprehensive audit is carried out of all relevant equipment in England.
- That all imaging and radiotherapy equipment older than 10 years should be replaced within the next year.
- That IT connectivity is placed at the centre of conversations about the NHS.

How can the Government communicate the benefits of digital approaches in healthcare to the public and provide assurances as to the security of their data?

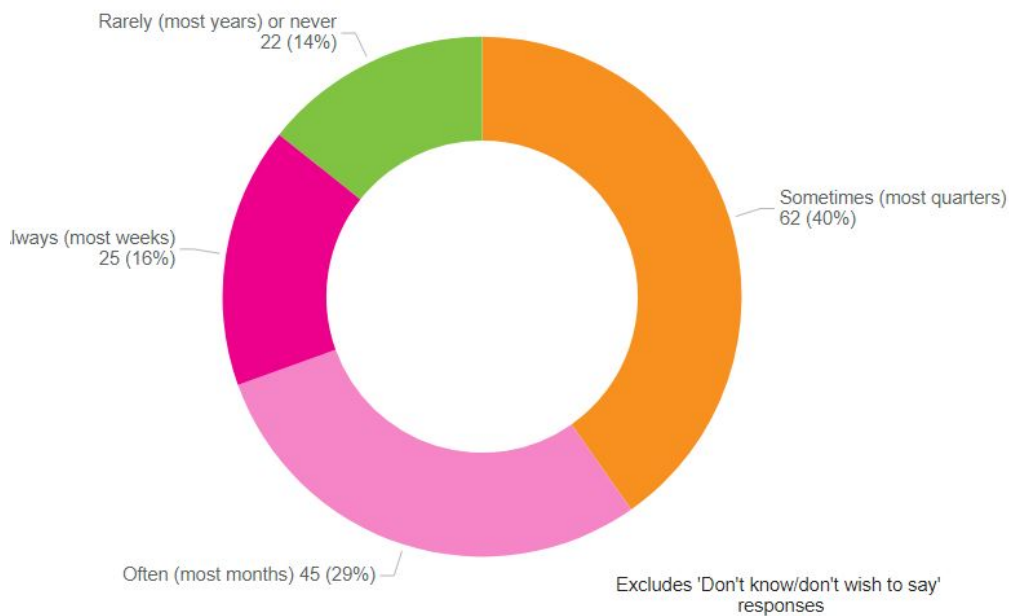
We have decided not to respond to this specific question.

What progress has been made in dealing with the proliferation of legacy IT systems across the NHS?

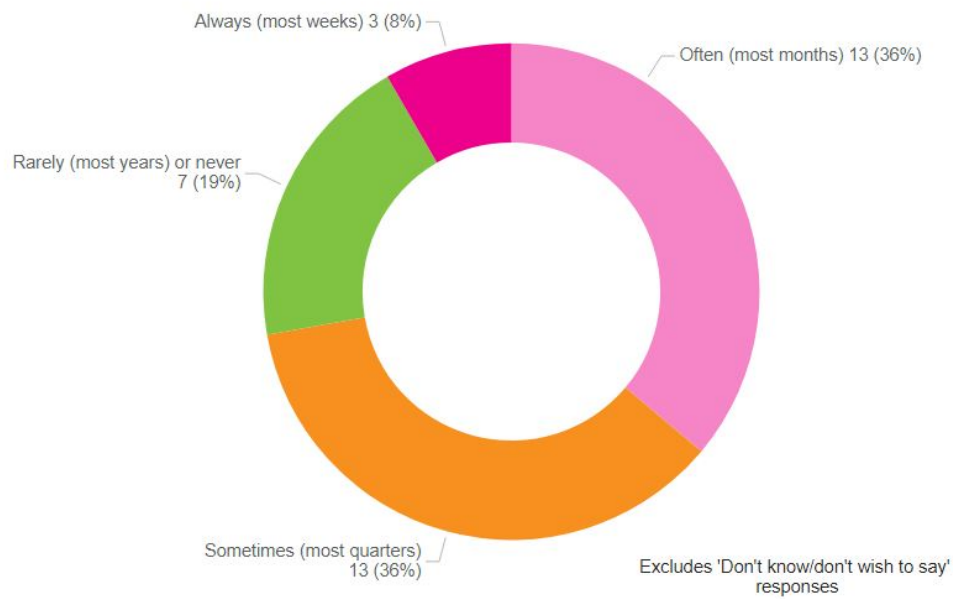
It is The Royal College of Radiologists view that one cannot comment on IT systems, which connect clinicians and all manner of staff across the NHS, without also including the physical equipment that is needed for our members to do their work – such as magnetic resonance imaging (MRIs), computerized tomography (CTs) or linear accelerator (LINAC – used in cancer radiotherapy and prescribed by clinical oncologists). This is because to provide quick and effective patient care, all aspects of the system must work seamlessly together and if one end of the pathway is out of sync or at fault, say an outdated MRI machine which cannot be connected to the new superfast image sharing network, then the new IT system effectively becomes redundant. Both IT and equipment must be updated, and indeed kept updated, for the system to work. So we will address both in this submission.

Whilst there has been welcome investment in equipment and connectivity over the last decade, our members continue to advise they are experiencing poor IT connectivity because of old/legacy systems and out-of-date equipment at their trusts. To help us provide up-to-date views for the consultation and the Health and Social Care Committee (HSCC) members, we surveyed a representative sample of our members in England to understand what is happening on the ground. If we look at equipment first, the responses show there are concerns as 41% of clinical radiologists (CRs) and 21% of clinical oncologists (COs) said they do not have the equipment they need to deliver a safe and effective service for patients in their department or cancer centre. Furthermore, only 32% of both CRs and COs said their equipment is fit for purpose with the rest saying it is substandard or only to some extent. Then when asked how often their equipment breaks down, a worrying 14% of CRs and 19% of COs said their equipment rarely breaks down – meaning that the rest experience breakdowns most weeks, most quarters or most months. For patients to experience world-leading care, we should be aiming for 100% rarely experiencing breakdowns.

Clinical radiologists: How often does the IT equipment in your radiology department break down?

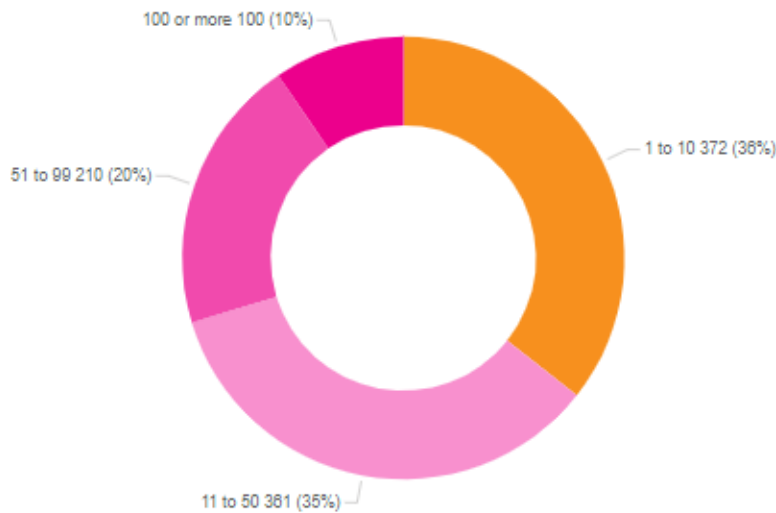


Clinical oncologists: How often does the radiotherapy equipment in your cancer centre break down?

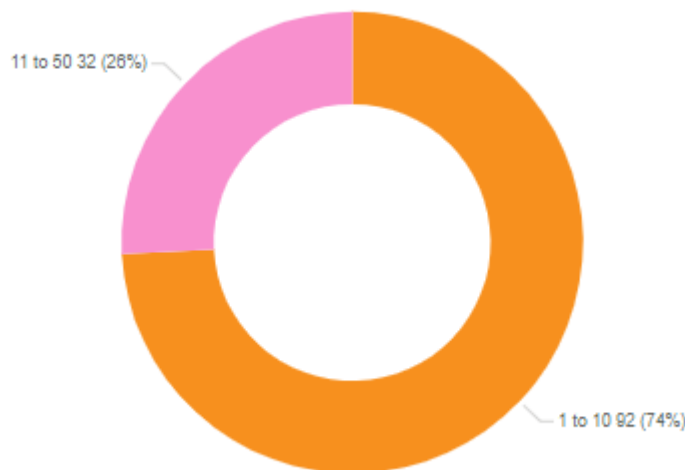


For IT connectivity, we received some disturbing responses to a question about how many times has a lack of modern IT equipment or substandard connectivity obstructed their ability to deliver good patient care in the last month. Both specialities had experienced issues in the last month, for CRs it was an average of seven times in the last month and for COs it was four. These alone show that IT systems and connectivity are not working and are regularly impacting on our members ability to diagnose and treat patients. But delving deeper into the figures, 10% of CRs said these issues had impacted their work a staggering 100 times or more in the last month. For COs 26% had experienced 11 to 50 in the last month. These figures raise wider issues as they indicate disparities across England where some areas are experiencing critical and impacting IT connectivity issues whereas others have very little. It is critical that we give patients across England the same high level of service wherever they live and that we also ensure optimum functioning of imaging networks. Imaging networks are being rolled out across England to help facilitate greater connectivity and enable the sharing of images between providers to help speed up image reporting and enable flexible working.

Clinical radiology: How many times has a lack of modern IT equipment or substandard connectivity obstructed your ability to deliver good patient care in the last month?



Clinical oncology: How many times has a lack of modern IT equipment or substandard connectivity obstructed your ability to deliver good patient care in the last month?



The result of these views expressed by our members is that patients ultimately bear the brunt of aging imaging and IT equipment and substandard connectivity. Equipment which breaks down on a regular basis means appointments are missed, delayed and cancelled – which can have a detrimental effect on both a patient's diagnosis and treatment, especially for our members who deal with the diagnosis and treatment of cancer and emergency cases. These delays and cancelled appointments therefore also result in wasting NHS money, money which it can scarcely afford to waste. Additionally IT systems which prevent the sharing of imaging, reports and communications between colleagues in a trust, or indeed between other hospitals etc via an imaging network, further impacts on a doctor's ability to provide a fast and reliable service to their patients. These substandard systems also have a knock on effect on imaging networks to be used to their full potential as connectivity is a vital aspect of the

This therefore also impacts on workforce as our members experience substandard equipment and connectivity issues which waste their valuable time, resulting in time spent dealing with these issues

when they could be reporting numerous MRI or CT images or seeing and prescribing a cancer patients treatment. At a time when England is experiencing a 30% shortfall in clinical radiologists (1,453 whole-time equivalent consultants) and a 17% shortfall in clinical oncologists (163 whole-time equivalent consultants), wasting their time with these issues and preventing them from being as efficient as possible is unacceptable.^{1 2}

There has not been a comprehensive survey of the equipment in trusts in England in some time and indeed it is not something that central government keeps track of. Therefore we do not have reliable data to say how many MRI scanners etc are for example more than 10 years old. However, figures from the OECD in 2021 did find that the UK as a whole has fewer scanners than the majority of comparable OECD countries at 8.8 CT scanners per million population compared to an OECD average of 25.9 and 7.4 MRI scanners per million population compared to an OECD average of 16.9.³ These figures give a worrying baseline indication of the extent of the problem. But we are unable to say the true extent of the situation with LINAC radiotherapy machines and other equipment used by clinical oncologists and the rest of the imaging and cancer teams.

We recommend to HSCC members that a comprehensive audit is carried out of all relevant equipment in England so that we can fully understand the extent of the issue and identify exactly where the government's investment in equipment is required.

We also recommend that all imaging and radiotherapy equipment older than 10 years should be replaced within the next year in order to prevent the ongoing issues shown by our survey responses above which impact on patients, doctors and ultimately result in the wasting of NHS resources.

Furthermore, we recommend that IT connectivity is placed at the centre of conversations about the NHS, the building of seamless systems which allow the NHS and its staff to share images, work and access all information quickly and reliably is of paramount importance.

How do IT platforms used in NHS hospitals in England compare with those used in hospitals in the United States?

Whilst there are lessons to learn from the United States, its system of healthcare provision is completely different to the system in all four nations of the UK. We would advise looking at other OECD countries which have national health services for lessons we can learn.

How can the Government effectively foster co-operation between the NHS and the private sector to both develop and implement innovation in healthcare?

We have decided not to respond to this specific question.

What other functions could and should be performed on the NHS App?

We have decided not to respond to this specific question.

What progress has been made in digitising health and care records for interoperability, such that they can be accessed by professionals across primary, secondary, and social care?

Please see our answer to question on proliferation of legacy IT systems for our views.

¹ The Royal College of Radiologists 2021 clinical radiology census.

² The Royal College of Radiologists 2021 clinical oncology census.

³ OECD (2021), Health at a Glance 2021: OECD Indicators, OECD Publishing, Paris, <https://doi.org/10.1787/ae3016b9-en>.

What progress has been made on making data captured for care available for clinical research through digital transformation?

We have decided not to respond to this specific question.

Specifically, have lessons been learned from the success of the streamlined and accelerated nature of the RECOVERY trial, as pioneered during the pandemic by Professor Sir Martin Landray?

We have decided not to respond to this specific question.

What should be the timescale for incorporating genomic data into patients' medical records?

We have decided not to respond to this specific question.

What are the principal considerations that should be taken into account in this context and what additional training of the workforce will be needed to achieve this?

It is essential that whenever a new system is implemented or new equipment introduced that all staff are provided with training. This includes the need to train a trusts in house IT team.

How can the creation or exacerbation of digital inequalities be avoided when implementing digital transformation?

We have decided not to respond to this specific question.

June 2022